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The California Medical Journal

D. MACLEAN, M. D., EDITOR.

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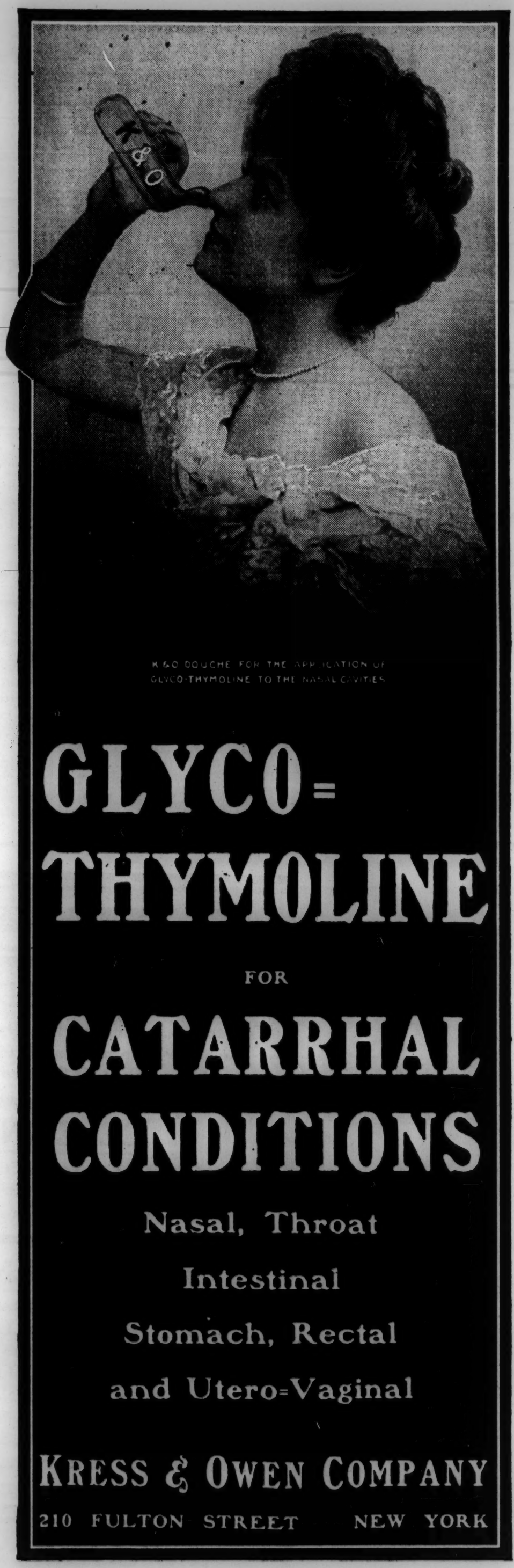
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Leprosy, Its Causes, Prevention and Cure.

THEODORE JUDSON HIGGINS, PH.G., M.D., M.S.

McFarland states "That leprosy is a specific infectious, doubtfully contagious disease caused by the bacillus lepræ and characterized by nodular lesions of the skin, subcutaneous tissues, nerves, and, occasionally, of the internal organs."

Jacobi and Pringle say "Leprosy is a general infective disease, known even in very ancient times as a contagious malady. They also state that "At the time of the Crusades, however, it was forced into the background by the advance and extension of syphilis, and now its occurrence is extraordinarily diminished, so that it exists with frequency only in the tropics."

They draw a distinction between tubercular leprosy and nerve leprosy according to the localization of the causative agents of the disease, viz: the lepra bacillus discovered by Hausen and Neisser whether in the skin or nervous system."

Coplin describes "leprosy as a feebly contagious disease highly malignant in character due to the bacillus lepræ manifesting itself in two forms: (1) anesthetic smooth or tropho-neurotic leprosy, (2) tubercular or nodular leprosy."

We claim that leprosy *is leprosy;* that there are three typical manifestations of this disease, viz: lepra anesthetica, lepra maculata, lepra tuberosa.

We claim also that in many a typical cases the anesthetic areas, the maculate patches (which are a shining violet once seen never to be forgotten) and tubercular formations may be found to exist upon the body of the same individual. I may also

state in this connection that either of the three forms may exist together, viz: the anesthetic and tubercular, or anesthetic and maculate, or the tubercular and maculate forms.

Again, let me reiterate that the bacillus is not the primary cause of the disease although an excellent means of rendering diagnosis positive in obscure cases. The cause may be recognized as a physio-pathological chemical or alchemistic transubstantiation or transmutation of the forms known as the chemical elements which enter into the cell formation which make the aggregate of organs and bodies which render them peculiarly susceptible and which upon slight provocation causes them to become visibly leprous. If any of my readers will just consider that people who are careless in their modes of life, especially those who live upon decaying animal food, more especially rotten fish or fish that are the least bit tainted or soft, which have been out of the water for too long a period are more susceptible than others, then you will be able to realize from a clinical standpoint, at least that there is truth in our assertions. Again, looking at this matter from another viewpoint let me call your attention to the fact that every perfectly formed cell in the human body is a tiny perfect electro magnet; and now studying the proposition from this standpoint when leprosy is an element present in the disorganization of cell material there must be a very imperfect cell formative power in the individual attacked, else that individual would not develop manifestations of these morbid phenomena; hence we have herein a perfectly logical explanation of the real reason that makes clear why men have been known to live with leprous wives and not become afflicted during an ordinary lifetime; and again leprous men have lived and are to day living in various parts of the world and cohabiting with clean women, and those women are immune because of the fact that the cell resistance and the cell formation of the various organs composing their bodies is of such a character as to render them practically immune from this disease expression.

Now, gentlemen, let us remember that in a thorough knowledge of the Higher Eclecticism (Spec. Medication, etc.) we have a system that will cure patients afflicted with this malady. We have a disease named leprosy, a bacillus is always present in this disease which is characteristic. There are widely varying morbid phenomena present in the clinical manifestations; the microscopic, chemical and alchemistic transubstantiation of the elements of somatic cell structure which enters into the composition of the various organs of the individual afflicted; this evidence of the morbid phenomena mentioned may much of it be derived from the clinical features present in the given case. For example, the condition of the tongue, the skin, the eyes, the color of the urine, the quantity thereof, the fecal matter, and the color thereof, of course taking into consideration food partaken of, etc.

The analysis of discharges from ulcers, color, nature as to substance

or lack of substance, the microscopic appearance, results attained by different methods of staining, appearance under varying degrees of light, the chemical analysis, etc., of every discharge obtainable and its direct relation to clinical appearances. For instance, we know from experience that with dilatation of the pupil associated with a stupid drowsy condition of the patient with lack of peristalsis that we have a condition of congestion of the meninges of the brain and cord, and we know that this condition of affairs is due to absorption of toxic products largely manufactured through faulty assimilation of food products and their decomposition into the aforesaid toxic products; and we know also that belladonna ms x aqua pura, oz. iv. M. S. teaspoonful every hour, will, through its influence on peristalsis increasing the same to a marked degree, and through its influence on the sympathetic, or more properly the vasomotor nerves, relieves the congestion of the meninges of the brain and cord, thus vastly im-improving the patient's chances of recovery. On the other hand, if the eyes are bright and we have the small pinhead centrated pupil we prescribe gelsemium, spec. med. dr. ss. aqua pura, q. s. oz. iv, knowing that we are thus going to relieve the irritation of both brain and cord and equalize the circulation of the nerve fluid throughout the entire nervous system, and also influence the vasomotor nerve centers inducing a better circulation of the blood. We often find a condition of general asthenia and a general septic process associated. in this connection we employ echafolta dr. i. aqua, q. s. oz. iv. M. S. teaspoonful every hour, using it persistently, doggedly, almost despairingly in some cases, and we get results. In some cases we have sthenic conditions; there is a bounding pulse, the external carotids may even be seen to throb. There is an erysipeloid rash, sometimes covering the entire surface of the patient's body, and even appearing in the throat and fauces; to these patients we administer spec. veratrum ms. xxx, spec. lycopodium, dr. ii, aqua, q. s. oz. iv. M. S. dr. 1, followed by ⅓ glass of water, or preferably, if it is to be obtained, a glass half full of buttermilk every four hours; and pot. bitart. gr. iv. lac. sulphur gr. i. Mix, divide into 32 pulv. Sig. Give one powder in a third glass of water every four hours. The foregoing remedies to be used in alternation so that the patient receives medicine every two hours.

Another remedy of vast importance in cases of nodular or tubercular leprosy, or if you prefer in cases where there is a stubborn cough either without or with excessive expectoration, and in cases where the bubonic swelng is a feature is:

R Spec. rumex crispus oz. ss.
Spec. berberis aquifolium, dr. ii.
Spec. trifolium, dr. ij.
Syr. acaciæ, q. s. ad oz. viij.

M. Sig. Teaspoonful after meals and at bedtime.

We also in cases where ulceration is occurring as a result of disintegration of the leprous nodules, apply to

the ulcers and parts manifesting ulcerative tendencies the pulv. bismuth oxy-iodide. We prefer the preparation manufactured by Merck.

In cases of consolidation of lung tissue or tubercular deposits in the lungs of a leprous patient we employ

R. Spec. cactus, dr. ss.
Spec. jaborandi, dr. ss.
Syr. acaciæ, oz. viij.

M. S. dr. i. every four hours in alternation with

Spec. trifolium, dr. ii.
Syr. tolu, q. s. oz. viij.

M. S. dr. i. every four hours.

We also employ the violet rays of light in this class of cases and employ them from 15 to 30 minutes at a sitting and would recommend the application twice a week for a period of three weeks to six weeks. Then once weekly until the lungs become normal. Remember, one can cause the deposition of certain medicinal elements and cause assimilation and appropriation by the cells of certain forms necessary to the true normal activity of the aforesaid cells by this treatment. Remember also that we, by judicious use of certain poisonous agents, cause an abnormal state of affairs, i.e., take two small animals, such as guinea pigs, place them side by side, moisten a cloth with a solution of strychnine, place the cloth previously saturated with the solution against the positive pole of the circuit and between said pole and one of the animal bodies, place the negative pole against the other animal's side, the poisonous salt will pass through animal No. 1 into the body of animal No. 2 and cause the death of animal No. 2; so it is well to know what to expect from the use of this powerful aid to assimilation, appropriation and elimination, and how to get desirable results before using the aforesaid treatment.

Amphiachyris Dracunculoides.

BY JOHN ALBERT BURNETT, AUBURN, ARKANSAS.

Because amphiachyris dracunculoides is not in the most medical dictionaries and most materia medicas is no reason why it should be discarded as many writers of the dictionaries and materia medicas do not know anything about it.

Broom weed is the common name of amphiachyris dracunculoids. It is a herb growing in Texas and Oklahoma from one to three feet high. The tops are the parts used in medicine. It is a prompt and decided diffusive stimulant and perfectly harmless.

Amphiachyris in doses of fifteen drops to one drachm of the fluid extract every two to four hours is specific for cramp colic and it is also almost specific for cholera morbus. It would no doubt prove to be a valuable remedy for chronic appendicitis as it is a very important remedy in all catarrhal

conditions of the mucous membranes, especially of sub-acute and chronic character.

When amphiachyris is used in catarrhal conditions it can be used both internally and locally. In nasal catarrh the local use of this remedy leaves the surface clean, tones the relaxed palatal muscles, and with the internal administration gives good results in most cases.

One of the most valuable properties of amphiachyris is its influence upon the mucous membrane of the bronchi for irritable coughs depending upon a relaxed state where a prompt stimulating and soothing expectorant is desired. The internal use of this remedy tones and cleanses the bronchial membrane.

In degenerate leucorrhœa amphiachyris is of service when used as a wash or made into tampons and inserted into the vagina. It is also of service in rectal catarrh when used by enemata.

Amphiachyris influences the entire mucous membrane but more decidedly the bronchi. It stimulates the circulation both inward and outward, thereby relieving congestion of the mucous membranes increasing expectoration and sometimes acting as a laxative in acute intestinal catarrh. It acts on the nerve peripheries sustaining its effect on the mucous surfaces as well as relieving capillary distention and pressure. Its influence on the mucous membranes can be made to have especial influence to some part by combining it with remedies having special local influence, as in catarrhal jaundice with chionanthus, and in bronchitis with polemonium; appendicitis with discorea, etc.

Good resutls have been obtained from amphiachyris in the treatment of hay fever and bronchial asthma. In hay fever it is used locally as well as internally, and in bronchial asthma it is usually combined with lobelia.

Amphiachyris has proved to be of much value in bronchial pneumonia and la grippe. In bronchial pneumonia it is usually associated with asclepias tuberosa and lobelia, and in la grippe with asclepias and solidago canadensis.

The late Dr. W. H. Cook claimed that amphiachyris held a position as a remedial agent between zingiber and xanthoxylum without resembling either. It is not so permanent in its action, i. e. more fleeting in its action than these remedies, which makes its effect too transient to be effective, in many cases making it a desirable agent as an adjunct to more positive and permanent agents.

Amphiachyris is prompt in its action on the larynx which makes it serviceable in relaxation of the vocal cords and uvula, and in aphonia when caused by relaxation, and in edema glotlidis.

It is claimed that amphiachyris like most all other herbs gives better results when used by infusion, and this is no doubt true especially in acute diseases, but a fluid extract can be obtained and used in the place of the infusion when desired.

This remedy deserves further investigation as it has a wide range of

usefulness. It is almost wholly unknown by many physicians although it has been on the market and used by several physicians for several years. It is a remedy that some physicians who are connected with medical journals and pharmacies who do not have it for sale would like to see it drop into oblivion; but amphiachyris is here to stay regardless of such influence.

Further information on this remedy can be found in my article on "Amphiachyris Dracunculoids," Oct. 1906, Eclectic Review; Nov. 1906, Eclectic Review; Oct. 1906, Wisconsin Medical Recorder; and Nov. 1906, Physio-Medical Record.

I mention this for the use of those who may want to learn more about this remedy.

Cold Water in Typhoid Fever.

DR. OTTO JUETTNER, CINCINNATI, O.

The introduction of the hydro-therapeutic treatment of Typhoid Fever some thirty-five years ago was one of the epoch-making achievements of modern medicine. Let me right here—at the beginning of a little informal chat on the subject—correct the historical error which gives Ernest Brand, of Stettin, credit for originating the cold water treatment of typhoid fever. That Brand introduced this method to the profession and, by his brilliant work in the military hospital under his charge, influenced the trend of professional thought on the subject in no uncertain manner, can not be gainsaid. Yet it is equally true that the cold water treatment of fever was practiced by Vincens Priessnitz at least four decades before Brand's time, in the Bohemian forests. This was at a time when Rokitanski—to fortune and to fame unknown—was struggling along as an assistant in anatomy in the Austrian capital, and when the versatile Schoenlein was expounding the principles of practice in the old Charite in Berlin. To Priessnitz, not to Brand, belongs the credit. *Palmam, qui meruit, ferat!*

No physician who lays any claim to knowing anything about medicine, doubts the efficacy of the cold water treatment in typhoid fever. At this late day it is hard for us to imagine how much heroism it required to preach and practice cold water at the bedside of typhoid patients who, up to that time, were compelled to struggle through the long continued fever under a mountain of thick and hot feather beds, with no mouthful of cooling water to relieve the torment of a consuming internal fire, no open window to allow a breath of fresh air to cool the feverish brow of the poor sufferer. When the shades of death finally fell upon the wan and weary form of the patient, the end came in the nature of a welcome relief from

the double affliction of disease and treatment. Our predecessors in the worthy craft of healing the sick did the best they could, no doubt. The best *they* could do was—to the mind of a modern physician—the worst that could be done. They did not know any better. Thousands of graves were filled with the victims of their ignorance. The doctors of Vienna called Priessnitz a lunatic because he taught and practiced the use of cold water in the treatment of fever. Not many decades ago the learned faculty of the University of Paris declared that hydro-therapy to be an uncertain and dangerous form of practice. What would the old gray-beards say if they could arise from their musty tombs and see what strides these dangerous forms of practice have made! There is one lesson of great practical import in this for us. Let us be broad in our scope, free in our logic, and unhampered in our truth-seeking. Who knows what our successors will say about us and our work when our dust has mixed with the dust of those whose work hardly elicited more than a half sympathetic, half ironical shrug of our shoulders?

What is the action of cold water applied to the skin of a person in the state of fever?

Fever is a compound process consisting of intensified oxidation and correspondingly accelerated metabolism. It is nature's means of counteracting the irritating and harmful effects produced by the presents of any kind of toxic matter in the organism. The offensive material may be *organic* or *inorganic* in character (bacteria of all kinds, bacteria derivatives, ptomaines, toxines, disintegration-products of normal tissue, etc., etc.). Nature causes the body to oxidize more rapidly in order to facilitate the destruction and elimination of toxic material. The heat-controlling nerve-centers are irritated by the presence of the foreign material, and cause the process of combination to become more intense. Thus the process of *fever* is inaugurated whose outward manifestation is elevated temperature. The statement that the febrile condition in and of itself is an element of danger, is not unequivocally true. We must not confound fever and high temperature. Fever is *per se*, a *con*-structive, not a *de*structive power. Continued high temperature has a disintegrating effect on the tissues or, properly speaking, on the albuminous elements in the tissues.

The term "auto-intoxication," which through the labors of Bouchard, Metschnikoff, and more recently through those of Wright, has achieved a well-established significance, describes the pathology of typhoid fever perfectly. After the morbific element has entered the organism through the alimentary canal and has formed a nidus of infection, intoxication of the system begins and continues, the severity and character of the signs of toxemia depending on the virulence and quantity of the poisonous material and on the manner in which the system of the individual patient responds and reacts. This response or reaction to the pathogenetic

element constitutes the clinical history of the individual case. The problem of specific treatment resolves itself into destruction of the toxic elements in the alimentary canal (intestinal antisepsis, lavage, proper feeding), preservation of the patient's strength and resisting power, and active elimination of morbid material through all the avenues of excretion. In the accomplishment of this triple task cold water is our most powerful ally. After a short review of its availability and uses we will be prepared to assign to it the dignified position of a true specific.

Aside from the cleansing action of water applied to the skin we may recognize two distinct effects which are produced through the instrumentality of the cutaneous vasomotors. One is a distinctly stimulating action which affects the sensory nervous system and more particularly the mechanism of respiration. This effect is especially well marked after short and vigorous applications of cold water (quick cold ablutions, short douche, slapping with cold towel, etc.). These applications are very useful in cases characterized by great weakness, comparatively low temperature, muttering delirium. Care must be taken not to overdo this kind of stimulation, lest the "response" of the system be exhausted.

A second effect is produced on the vaso-constrictors of the cutaneous vessels. Wherever the cold application is made, anemia of the area concerned is the result. The vessels contract, the blood they contain is crowded into the deeper collateral vessels. Thus the cutaneous anemia is almost instantaneously followed by a deeper hyperemia. When the action of the cold stimulus has passed off, the characteristic hydro-therapeutic "reaction" takes place, causing the conditions to be reversed. The cutaneous vessels dilate, the deep vessels contract. The skin becomes hyperemic, its vessels carry a new supply of fresh arterial blood gleaned from the deeper arteries. At once the skin becomes active. Elimination of heat units by gaseous, vaporous, or aqueous excretion begins. The body temperature drops. Incidentally the copiously excreted gases, vapors, and liquids carry away toxines and products of oxidation.

To continue a cold bath or application until the temperature drops might prove a disastrous mistake. This plan is based on an amateurish conception of the action of cold water in typhoid fever. Cyanosis, collapse, and even death have followed this misintepretation of hydro-therapeutic principles. The best illustration of the principle involved is furnished by the antipyretic effect of the warm and even the hot bath. In cases in which the system is much depressed and cutaneous reaction is uncertain, the warm bath is a safer water-application. The cutaneous vessels are directly affected and the activity of the skin is at once stimulated. Excretion begins and the temperature drops. The continued application of cold to the skin can not be too emphatically condemned. Suddenly induced anemia of the skin must always and promptly be followed

by increase in the cutaneous circulation and stimulation of skin function. Any hydro-therapeutic measure that fails in this is wrong in principle and incorrect in practice. Let the advocates of the idiotic ice-water treatment of sunstroke remember this.

The variations in the temperature of a typhoid fever patient should be watched with the aid of the thermometer. If the temperature is not more than 102° F., one or more sponge baths daily are sufficient. If the temperature exceeds 102° F., the application of a general cold moist pack for forty-five minutes to an hour is indicated. One of these Priessnitz packs every day is sufficient if the temperature is not higher than 102° F. If the temperature rises within three hours after the pack, another application should be made or the patient subjected to immersion in a tub (Brand's method). In cases characterized by continued high fever it is excellent practice to give three packs daily and an immersion (tubbing) in the interval, unless the patient shows signs of great weakness, when a cold sponge-bath (either by direct application of a towel or a sponge or by rubbing the patient through a cold moist sheet in which he is enveloped) should be substituted. Tubbing can be done, especially in children, by wrapping the patient in a dry sheet, grasping the latter below the feet, and above the head of the patient, and gradually lowering patient, sheet and all into the water. Undue excitement and exhaustion are contra-indications. If cutaneous reaction is sluggish or imperfect, warm or even hot water should be used. Sometimes alternation of heat and cold is indicated. In this way the antipyretic effect can be combined with powerful stimulation. At all times it is of vital importance to be able to individualize. Brisk rubbing of the skin during and after a cold bath is an effective way of promoting reaction and preventing collapse. In cases characterized by headache and severe brain-symptoms the cold moist pack gives considerable symptomatic relief, delirium, stupor, subsultus, etc., being lessened. In the mountain districts of Bavaria they frequently rub the patient down with snow and follow this with a rub by means of a Turkish bath towel.

Cold applications to the head and hot applications to the feet may be required for the relief of persistent headache. In cases which are treated with the general cold moist pack this is hardly ever necessary. Abdominal symptoms (tympanites) may require a local cold moist pack to the abdomen.

A thorough knowledge of hydro-therapeutic technique is an accomplishment which every physician should cultivate. There is hardly a subject in practical medicine that promises such rich and bountiful reward as hydro-therapy. In the treatment of typhoid fever it is a *conditio sine qua non* and an eloquent and forcible plea in the interests of physical therapeutic agents,—not to the exclusion of all other legitimate methods, but as valuable and indispensable auxiliaries in the modern treatment of disease.—*The International Journal of Therapy*.

Antistreptococci Serum in Puerperal Infection.

D. MACLEAN, M. D.

I am aware that serum therapy is not generally advocated in these cases, but in fact is condemned by many authors. While the writer would not entirely depend on this measure he considers it a valuable agent in many cases.

No one agent can be curative in puerperal infection, but we should be prepared to use any remedy that holds a possibility of success. A general supportive treatment echinacea, nuclein and ergot are among the measures usually used. Where odor exists from the uterine discharge, irrigation by saline solutions and packing the uterus with gauze saturated in 1.1000 formaline solution are good measures of procedure. Cold applications and normal salt rectal injections must not be neglected.

Lately a case of septic infection came under the observation of the writer. The patient had been confined by a careful obstetrician and every asceptic precaution used during and after delivery; yet on the third day the temperature rose to 106°. It was a case of pure septicemia. No retained membranes, no offensive discharge, and only slight pain on the right side about the region of the ovary.

The ordinary treatment had no effect on the temperature. Antistreptococci serum was resorted to, 10 c c given at each injection eight hours apart. After the second injection the temperature dropped to 103°. It rose again in twelve hours to 106°; 10 c c was then given every twelve hours until 80 c c had been given in all, and the temperature reduced to 100°. From that time on the patient gradually improved until final recovery.

I report this case to show that the serum has value in certain cases; that it invariably reduced the temperature, and without its use the patient could not have recovered.

Surgical Suggestions.

Never divide the annular ligament of the wrist. The hand is much weaker after it is divided than before.

The silver-fork deformity is by no means necessary to the diagnosis of Colles' fracture.

Cold abscess and lipoma often simulate each other very closely, especially around the chest. If in doubt, aspirate.

In amputations below the knee, insist on active and passive motion in the knee joint at an early date. If this is not done contracture ensues, which makes the application of an artificial limb difficult.

Fractures of the neck of the femur in old people sometimes cause no other symptoms than disability. The mildness of the trauma and the freedom from much pain should not deceive one.—*American Journal of Surgery.*

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Editorial.

ECLECTIC COLLEGES.

We should have three or perhaps four ECLECTIC COLLEGES. One East, one Middle West, one on the Pacific Coast, and one South, preferably New York, Chicago, San Francisco, and Atlanta. Location a matter for future consideration. This number of Colleges would be sufficient for all practical purposes. Better a few strong institutions than a number of weaklings. The day for weak medical colleges has passed, the same as the old academies and local colleges. They have outlived their usefulness, and Eclectics should combine their strength on central institutions which could commend themselves to medical students in having attractive and commodious buildings, thoroughly equipped with every appliance necessary for teaching, and a faculty of competent teachers.

These colleges should be partly, if not wholly endowed. If no rich men in the different sections believe in American medicine to your thousands or millions, it should be done by popular subscription.

There are eight thousand Eclectic physicians in this country. They and their friends could easily raise a million if the matter was properly handled.

On the Pacific Coast we have about six hundred physicians. Under the proper representation we ought to raise at least $150,000. Who will take a hold of this matter? The Alumini of the California Medical College should interest themselves. They should be intensely interested in seeing a strong institution perpetuated on this Coast. Who is the Moses that will volunteer to lead his people from the wilderness of indifference and inaction? Words mean little, money counts. Who will lead?

THE BUBONIC PLAGUE.

To use the word plague for a disease which prevails to a very limited extent in this city carries a false impression. The word plague means an epidemic. There is no epidemic of any disease in this city.

The so-called bubonic plague appeared in this city on the 27th day of May. The patient was employed on the tug "Wizard," removed to the Marine Hospital, and died on the 29th. The next case appeared on the 12th of August. Since then there have been about forty cases all told. The infection is not confined to any particular locality, nationality or age. The youngest case was twenty-two months, and the oldest sixty-three years. There have been but three Oriental cases, the others are from the different nationalities—the Italian prevailing.

There are two recognized varieties of the bubonic plague, the glandular

and pneumonic; the glandular is not considered infectious to any extent. The glandular is the variety that has existed in this city. Only three cases of the pneumonic type are so far reported. There have been twenty-six deaths, but there is no danger of any epidemic. The Fedral State and City Authorities have the matter fully in hand. Engaged in the protection of the City and State, besides the Fedral officers, the Board of Health and City Board of Health and sixteen doctors, forty-five sanitary inspectors and two hundred and fifty laborers, with numerous small boys catching rats for so much a head. There is no plague —there are a few sporadic cases.

State Board of Medical Examiners of Texas consists of eleven members: Five Old school, two Eclectics, two Homeopaths, one Physio-medical, and one Osteopath. Applicants for license to practice medicine are not required to know materia medica, therapeutics or practice of medicine.

The Eclectic members are Dr. M. E. Daniels, Honey Grove, and Dr. J. P. Rice, San Antonio. Dr. Daniels is president of the Board.

Dr. A. E. Scott, who has been visiting in Oregon, Washington and Idaho has returned and can be found at his office, 804 Eddy st., above Van Ness Ave.

Dr. Jones of Medford, Oregon, paid us a visit lately. The doctor had a pleasant time and nothing happened to Jones.

Dr. Nelson has been testing the waters of Lake County springs and declares they are superior to Johnson's. He brought home a sun-burnt face.

Dr. S. L. Blake is tramping through the Trinity Mountains, emulating Theodore. If you are fond of bear steak send your application on his return.

Dr. Prouty, of class 1905, has been appointed medical inspector by the Board of Health.

Dr. and Mrs. J. B. Mitchell have returned from a trip to Minnesota. The doctor went to visit his father who has been ill for some time.

There is a good opening in Orland, Glenn Co., Cal., for a young active physician—one that looks it.

Exploration and Decapsulation of the Other Kidney Before Completing Nephrectomy.

G. M. Edebohls, New York (Journal A. M. A., June 1), in view of the vital importance of knowledge of the functional capacity of the other kidney and the insufficiency of the other tests, advocates as an essential condition before completing a nephrectomy, the exposure and examination of the other kidney through a second lumbar incision. This has been his routine practice for the past ten years. He has operated in all on three patients, with but one kidney each; in two of these nephrectomy was not contemplated, but the life of the third was saved by this precaution of making a double operation. The history

of the case is given; the left kidney was absent, but there were two ureteral orifices and a portion of the lower end of the left ureter. Besides the advantage of inspection and the possible saving of life, Edebohls sees a third reason for the double operation in the chance it affords by the improvement in the work of the kidney caused by the operation of decapsulation. It invariably, he says, increases the urea output and enables the organ to do its best work, both of these results acting directly to prevent a renal death. He has had no renal death since he has followed his present practice of decapsulation of the remaining kidney.—*Medical Sentinel.*

OXYGEN BATHS.—Franz and Pohlmann report the results obtained by the use of oxygen baths prepared according to the method suggested by Sarason. To prepare such a bath 300 g. of sodium biborate is dumped into the tub containing the water at the desired temperature. A small quantity of borate of manganese, as catalyzing agent, is then sprinkled over the surface of the water. The formation of oxygen begins in from one to three minutes and lasts for about a quarter of an hour. Shortly after entering the tub the surface of the bather is covered with extremely small bubbles of oxygen, and black flakes of manganese peroxide are precipitated and settle on the skin, but these are readily wiped off. The authors used the baths for six patients, who received 35 treatments. Two of the patients were in normal health, three suffered from heart lesions of various sorts, and one suffered from neurasthenia. In all cases there was a reduction of blood pressure and of the pulse rate. Four additional baths were given to two patients suffering from arteriosclerosis, but were not well borne, the already high blood pressure was much elevated, and dyspnea, palpitation, and subjective discomfort compelled abandonment of the treatment. The authors consider that the oxygen bath is not a suitable substitute for the carbon dioxide bath, but that it is likely to be of value in the treatment of neurasthenic patients, in certain forms of heart disease accompanied by irritability, and in painful neuritic affections. It should be used with care, however, if arteriosclerosis exists.—*New England Med. Monthly.*

DIABETIC PHTHISIS.—Thorspecken has had considerable experience with diabetics suffering from pulmonary affections, and has found that careful treatment gives excellent results. The diabetics should be treated with the same energy as without the pulmonary complications. In one case a tuberculous affection of the larynx healed as the patient, a man, was cured of the glycosuria. He has since been in comparative health for sixteen years. In another case a bilateral tuberculous process in the upper lobes with much emaciation was so much improved under treatment of the diabetes that the patient, a physician, was able to resume his practice and has gained nearly twelve pounds in weight.

In another case the tuberculous process was primary, and in a long latent stage when the onset of the diabetes made it flare up again. The course of this case shows how neglect of the diabetes in an active tuberculosis soon avenges itself, and it also shows the benefit on the tuberculous infection of effectual treatment of the diabetes.—*New England Medical Monthly*.

Tubercle and Erysipelas.

C. B. Whitehead reports the case of a three-year-old child with enlargement of the neck glands. The group chiefly affected was the posterior cervical and there was no difficulty in diagnosing an ordinary tuberculous adenitis. There was no improvement after a month's medicinal treatment, together with the application of a liniment containing potassium iodide; in fact, one of the glands near the surface seemed to be softening rapidly, so that he decided to remove them. The operation, however, had to be postponed, as the child suddenly developed an attack of facial erysipelas, which started just over the most prominent part of the glandular swelling; possibly the micrococcus gained entrance here through some abrasion caused by rubbing. The erysipelas pursued a favorable course; it spread all over the face, the only bad symptom being albuminuria, which did not last long. The interesting point was that during the attack the enlarged glands, which formed a very prominent tumor, entirely disappeared.—*British Medical Journal*.

A New Method of Incision for Removal of the Breast.—Carl Beck describes his method as follows: The incision line around the breast is in the form of a rectangle. The interior line of this rectangle is continued on both ends to the extent of about three inches. The same is done with the lower end of the external side, while the upper exterior end is extended along the outer margin of the pectoralis major muscle up to its humeral insertion. The axilla itself is not touched, in order to avoid cicatrization in the axilla which is apt to produce edema of the arm. After the rectangle is excised the upper skin flap is formed and reflected. This fully exposes the area of the operation. Whether the operation be radical or not the principle of access remains the same.—*New England Med. Monthly*.

Dr. Stephen L. Strickler of Boggstown, Indiana, favorably comments on the action of Cactina Pillets as follows:

"I have used Cactina Pillets for ten years and can say they are more to be relied on than most anything in medicine that I know. They surely must be made of the drug gathered at the most favorable time of the year, because the Cactus you buy on the market is not reliable."

Cactina Pillets have been on the market for twenty years and testimony of this kind has been heaped upon it by the medical profession. It is being employed with benefit in functional, cardiac and circulatory disturbances and exhibits no cumulative action.

MIXED BROMIDES.

Dr. Robert J. Preston, Brown-Sequard, Hasard and other learned men of the profession have strongly advocated a combination of bromide salts in preference to the use of potassium bromide alone. The salts of the lighter metals, as sodium, ammonium and lithium, seem to have less of the untoward action than the potassium salt. In Peacock's Bromides we have a union of these salts that has proven itself a most available and trustworthy combination. In this regard we are pleased to quote Dr. Caldwell, who says: "It is a mystery to me why bromide of potassium is so generally used by the profession. Its action is not near as reliable as the bromide of sodium, but better still is a combination of bromides. For such a preparation I use Peacock's Bromides as I know it is made of the purest salts, and the difference between its therapeutic action and that of the commercial salts is very great. I have used it for years and it is always reliable and staple. It is impossible to obtain satisfactory results in prescribing bromide of potassium, and thus I have depended upon this preparation. I have also learned that it is necessary to see that my prescription for it be filled at a first-class pharmacy."

A SUGGESTION.

The new Glyco-Thymoline Eye Bath, which is constructed from a single piece of aluminum, has been found of exceptional service when used as a vessel to heat hypodermic solutions to the proper temperature. This little hint comes from a physician who has frequently found himself wanting just such a device. The Glyco-Thymoline people will be glad to send you one of these cups if you desire it. C. E. F.

Fellows' Syrup of Hypophosphites acts directly upon the lungs and nervous tissues. It betters the appetite, helps in the assimilation of the food and exercises a favorable influence upon the processes of metabolism. The composition is a fortunate one, and meets the indications (ANÆMIA, NEURASTHENIA, BEGINNING PHTHISIS, SCROFULA RACHITIS) perfectly. The preparation of the Syrup is most carefully done, and its formula and reaction remain constant always.

The Cure of a Case of Osteomalacia.

In an Article on the suprarenal glands and osteomalacia, in the *Munch. Med. Wochenschrift*, 1907, P. 278, L. M. Bossi, of Genoa, describes the almost marvelous cure of a serious case of osteomalacia by subcutaneous injections of Adrenalin. The patient was a multipara, 38 years of age, who was *enceiente* in the eighth month and had a well defined osteomalacia. After seven hypodermic injections of Adrenalin, each of which consisted of ½ cg. of Adrenalin of 1.1000 solution, the patient fully recovered.

THE APOSTLE OF PURITY.

Dr. C. A. Bryce resents the imputation that the independent medical journals are controlled by their advertising patronage, and in a forceful editorial in the August number of *The Southern Clinic*, throws back the

charge in the following vigorous language. He says: "Dr. Simmons, of the J. A. M. A., seems to harbor a peculiar dislike to antikamnia and its compounds, and in its write-up in his pamphlet, sent gratuitously far and wide, he appeals pathetically to all physicians and journalists to leave the evil thing alone. He doesn't see how any self-respecting journalist can carry the advertisement of antikamnia, nor how any physician 'with a particle of self-respect or manhood' can continue to support any such journal.

"*The Southern Clinic* carries the advertisement of antikamnia and carries a large and influential list of subscribers—men who are neither renegades, proselytes nor ringsters—men who are, to say the least, as honorable, self-respecting, and truthful as this Apostle of Purity who see-saws like a supple-jack between truth and policy. We carry the antikamnia advertisement because we know from many years' experience that it will do just what we expect antikamnia to do. We know its effects, its dose, and that it is safe to administer in the doses we have proven. We have found it a valuable remedy, and as such, use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young. We therefore carry it as an advertisement and prescribe it in practice because we know what we are doing, and can confidently recommend it to our professional brethren. We presume they likewise, with all due respect for themselves and honesty of purpose, prescribe antikamnia and support the *Clinic* because they know that they are both good and honest productions. Moreover, as we are relying upon our own knowledge and responsibility, we prefer OUR opinion to that of the worthy Simmons."

Book Notes.

Essentials of Medical Gynecology.

By A. F. STEPHENS, M.D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo. 428 pages, fully illustrated. Cloth, $3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

Professor Stephens hardly needs an introduction to the readers of the Journal, to which he has been a valued contributor for years. It has been said that kindly medication has been the making of many a young Eclectic physician, in the treatment of diseases of children. It can be said with equal truth that the successful treatment of most diseases of women by *Medicine* helped make the reputation of Scudder, King and Clark. For forty years their works were classic, on account of their strong ideas on medication.

Prof. Stephens is a firm believer in medicine in the treatment of these diseases, but he does not decry surgery *when neceessary*. This work is just what its name implies—an attempt to show that specific medication, properly used and used early, will cure most of these diseases. This book has long been needed by our

school, and will undoubtedly meet with hearty approval. It will be reviewed again later.

Five Hundred Surgical Suggestions.

Practical Brevities in Surgical Diagnosis and Treatment. By WALTER M. BRICKNER, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, American Journal of Surgery, and Eli Moschcowitz, A.B., M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor, American Journal of Surgery. *Second Series.* Duodecimo: 125 pages. New York: Surgery Publishing Co., 92 William St., 1907 Price, $1.00.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions" have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and borderline affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de lux!—printed in attractive Cheltenham type, on antique India tint paper, with marginal headings and subheads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

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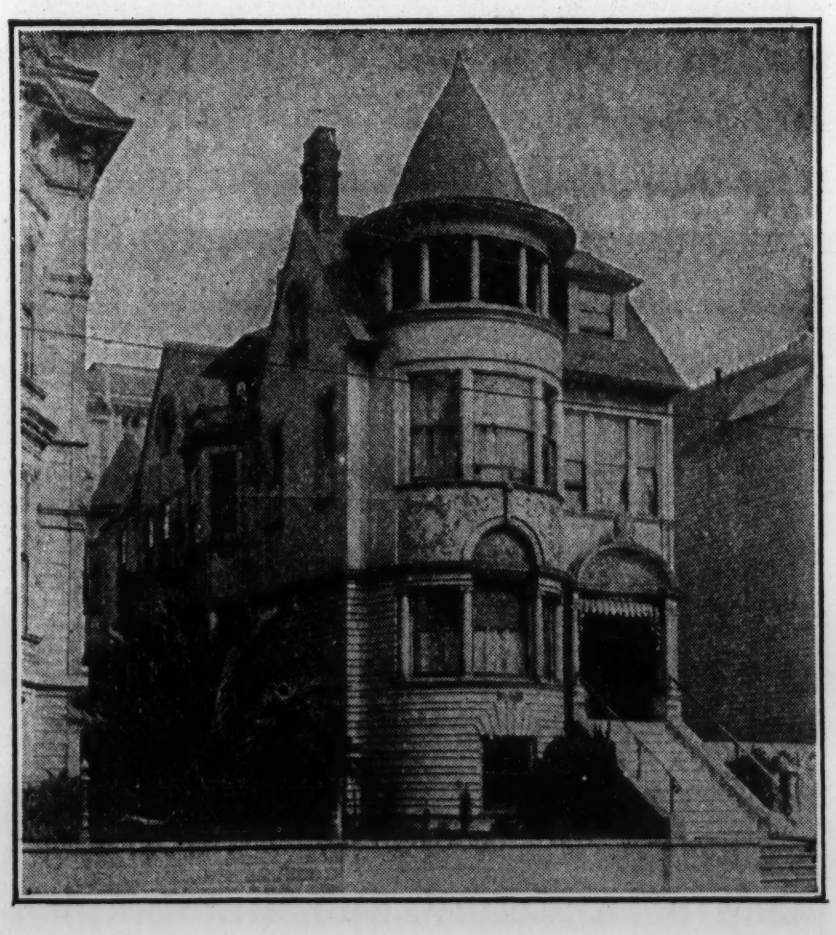
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Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only .	25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

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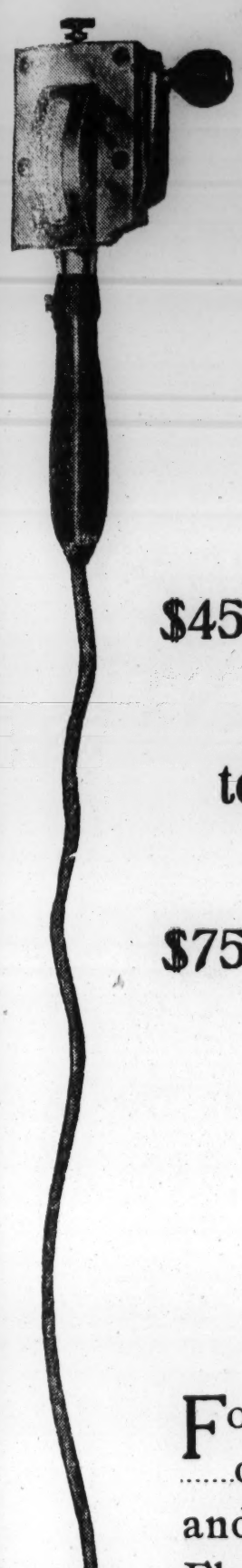
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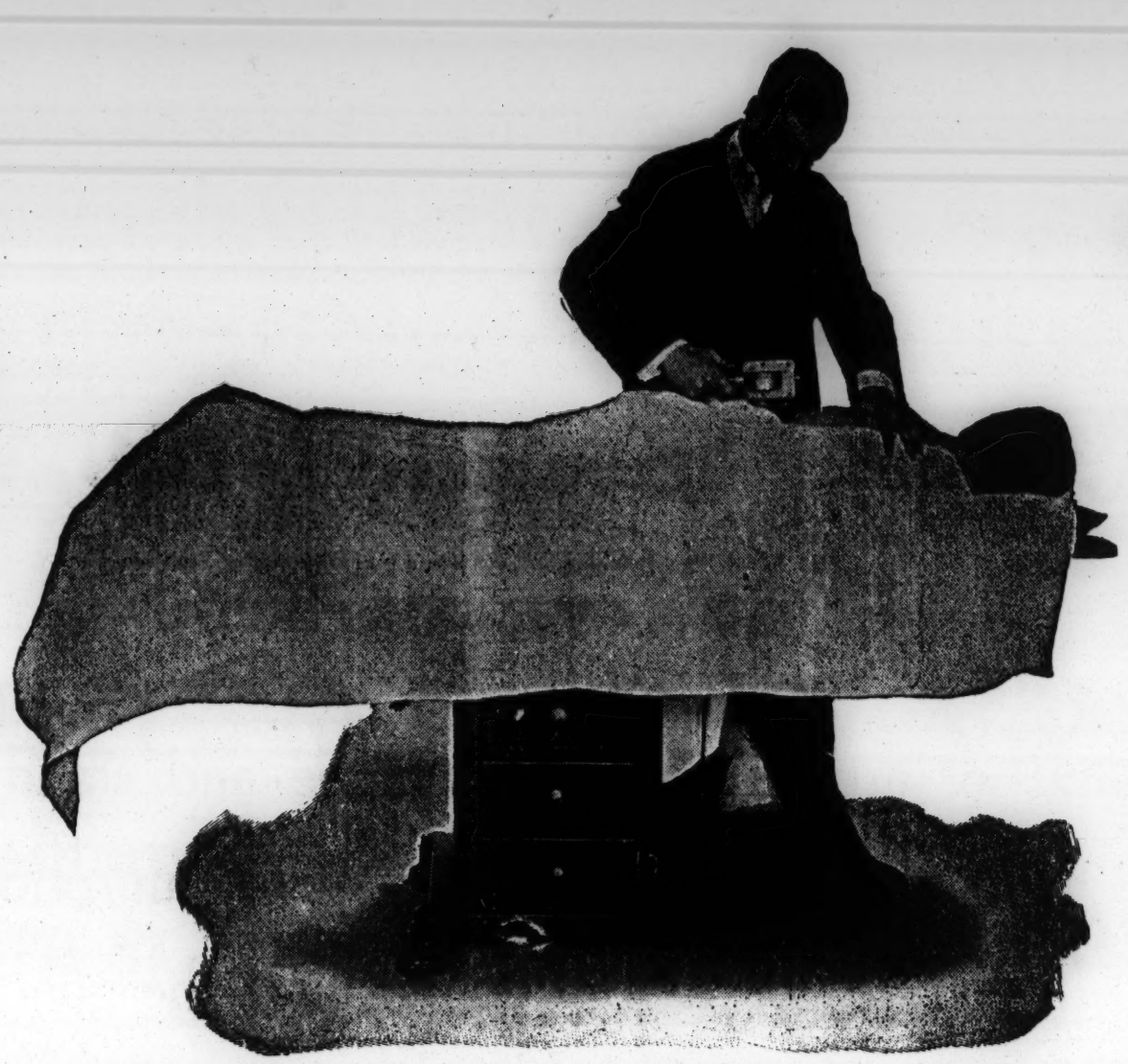
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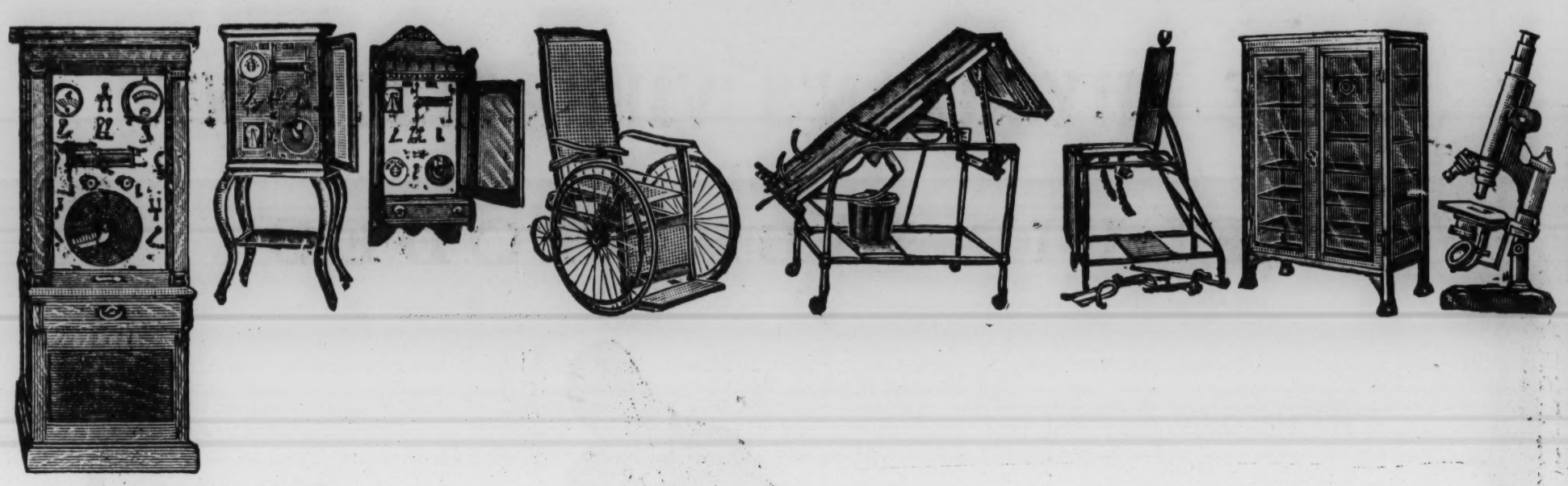
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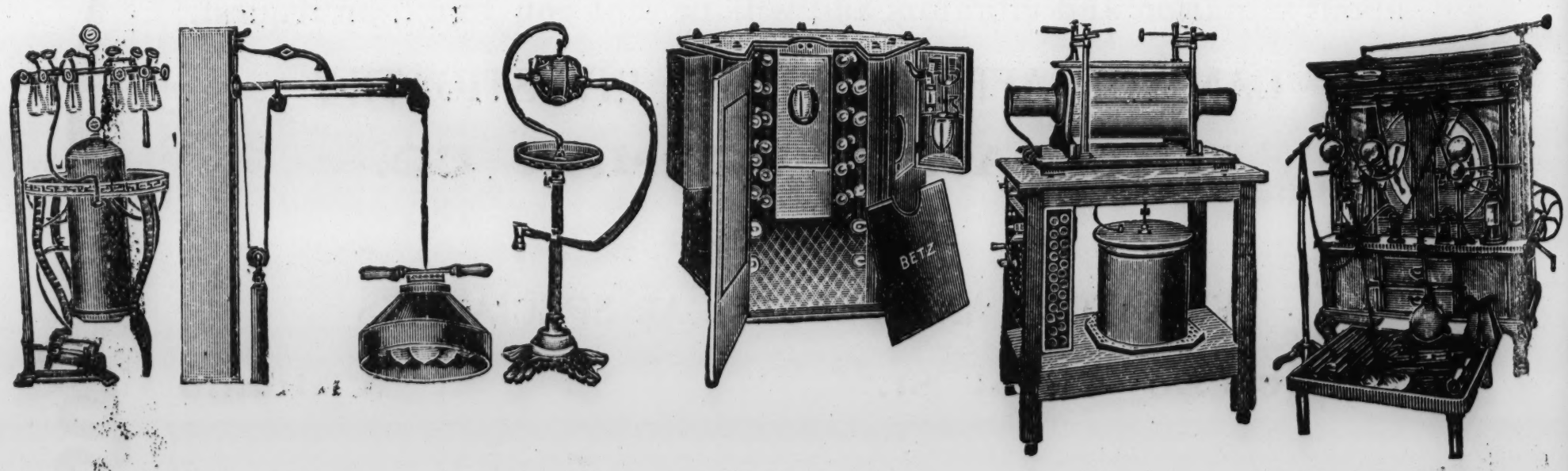
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